LAKEVIEW HEALTH CENTER-FDD 902 EAST GARLAND STREET

WEST SALEM	54669	Phone: (608) 786-1400		Ownership:	County
Operated from	1/1 To 12/31	Days of Operation:	365	Highest Level License:	FDDs
Operate in Conj	unction with	Hospital?	No	Operate in Conjunction with CBRF?	No
Number of Beds	Set Up and St	affed (12/31/02):	51	Title 18 (Medicare) Certified?	No
Total Licensed	Bed Capacity	(12/31/02):	51	Title 19 (Medicaid) Certified?	Yes
Number of Resid	ents on 12/31	/02:	44	Average Daily Census:	44

	Age, Sex, and Primary Diagn	Length of Stay (12/31/02)					
				ુ જ		6.8 29.5	
	   Developmental Disabilities		ı	72.7		63.6	
No	Mental Illness (Org./Psy)	2.3	2.3   65 - 74 13.6				
No	Mental Illness (Other)	2.3	75 - 84	11.4	[	100.0	
Adult Day Care No		0.0	85 - 94	2.3	* * * * * * * * * * * * * * * * * * *	*****	
Adult Day Health Care No		0.0	95 & Over	0.0   Full-Time Equivalen			
Congregate Meals Yes		Cancer 0.0     Nursing St		Nursing Staff per 100 Re	esidents		
No	Fractures	0.0		100.0	(12/31/02)		
No	Cardiovascular	0.0	65 & Over	27.3			
No	Cerebrovascular	0.0			RNs	10.8	
No	Diabetes	0.0	Sex	%	LPNs	2.3	
No	Respiratory	0.0			Nursing Assistants,		
	Other Medical Conditions	0.0	Male	50.0	Aides, & Orderlies	50.2	
No			Female	50.0	[		
Provide Day Programming for		100.0			[		
Developmentally Disabled Yes				100.0			
-	No N	No   Primary Diagnosis No	No   Primary Diagnosis % No   No   Developmental Disabilities 95.5 No   Mental Illness (Org./Psy) 2.3 No   Mental Illness (Other) 2.3 No   Alcohol & Other Drug Abuse 0.0 No   Para-, Quadra-, Hemiplegic 0.0 Yes   Cancer 0.0 No   Fractures 0.0 No   Cardiovascular 0.0 No   Cerebrovascular 0.0 No   Diabetes 0.0 No   Respiratory 0.0   Other Medical Conditions 0.0 No	No   Primary Diagnosis	No   Primary Diagnosis	No   Primary Diagnosis	

## Method of Reimbursement

		edicare			edicaid itle 19			Other		P	rivate Pay	<b>:</b>	:	Family Care			anaged Care	! 		
Level of Care	No.	olo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	olo	Per Diem (\$)	No.	%	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				43	100.0	160	0	0.0	0	0	0.0	0	1	100.0	166	0	0.0	0	44	100.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depende	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	0	0.0		43	100.0		0	0.0		0	0.0		1	100.0		0	0.0		44	100.0

LAKEVIEW HEALTH CENTER-FDD

********	*****	*******	*****	*****	*****	*****	*****					
Admissions, Discharges, and		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02										
Deaths During Reporting Period												
				% Needing		Total						
Percent Admissions from:		Activities of	9	As	sistance of	% Totally	Number of					
Private Home/No Home Health	0.0	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents					
Private Home/With Home Health	0.0	Bathing	4.5		54.5	40.9	44					
Other Nursing Homes	0.0	Dressing	34.1		25.0	40.9	44					
Acute Care Hospitals	0.0	Transferring	56.8		15.9	27.3	44					
Psych. HospMR/DD Facilities	75.0	Toilet Use	40.9		25.0	34.1	44					
Rehabilitation Hospitals	0.0	Eating	50.0		29.5	20.5	44					
Other Locations	25.0	*****	*****	*****	*****	* * * * * * * * * * * * * * * * * * * *	*****					
Total Number of Admissions	4	Continence		용	Special Treatm	ents	%					
Percent Discharges To:		Indwelling Or Extern	al Catheter	2.3	Receiving Re	spiratory Care	4.5					
Private Home/No Home Health	0.0	Occ/Freq. Incontinen	t of Bladder	84.1	Receiving Tr	acheostomy Care	0.0					
Private Home/With Home Health	0.0	Occ/Freq. Incontinen	t of Bowel	75.0	Receiving Su	ctioning	0.0					
Other Nursing Homes	0.0				Receiving Os	tomy Care	2.3					
Acute Care Hospitals	0.0	Mobility			Receiving Tu	be Feeding	6.8					
Psych. HospMR/DD Facilities	40.0	Physically Restraine	d	4.5	Receiving Me	chanically Altered Diet	s 63.6					
Rehabilitation Hospitals	0.0											
Other Locations	20.0	Skin Care			Other Resident	Characteristics						
Deaths	40.0	With Pressure Sores		2.3	Have Advance	Directives	100.0					
Total Number of Discharges		With Rashes		4.5	Medications							
(Including Deaths)	5				Receiving Ps	ychoactive Drugs	31.8					

Selected Statistics: This FDD Facility Compared to Similar Facilities & Compared to All Facilities

	This		DD		A11	
	Facility	Facility Faci			ilties	
	% 	% 	Ratio	% 	Ratio 	
Occupancy Rate: Average Daily Census/Licensed Beds	84.6	83.9	1.01	85.1	0.99	
Current Residents from In-County	43.2	38.2	1.13	76.6	0.56	
Admissions from In-County, Still Residing	25.0	18.5	1.35	20.3	1.23	
Admissions/Average Daily Census	9.1	20.3	0.45	133.4	0.07	
Discharges/Average Daily Census	11.4	23.6	0.48	135.3	0.08	
Discharges To Private Residence/Average Daily Census	0.0	9.8	0.00	56.6	0.00	
Residents Receiving Skilled Care	0.0	0.0	0.00	86.3	0.00	
Residents Aged 65 and Older	27.3	15.3	1.78	87.7	0.31	
Title 19 (Medicaid) Funded Residents	97.7	99.2	0.98	67.5	1.45	
Private Pay Funded Residents	0.0	0.6	0.00	21.0	0.00	
Developmentally Disabled Residents	95.5	99.5	0.96	7.1	13.44	
Mentally Ill Residents	4.5	0.4	12.35	33.3	0.14	
General Medical Service Residents	0.0	0.1	0.00	20.5	0.00	
<pre>Impaired ADL (Mean) *</pre>	48.6	54.0	0.90	49.3	0.99	
Psychological Problems	31.8	48.2	0.66	54.0	0.59	
Nursing Care Required (Mean)*	10.5	11.3	0.93	7.2	1.46	